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TO: Examiner BELIVEAU, Scott **FAX NO.:** 571-273-8300
E.
USPTO GPAU 2614

FROM: Adam D. Sheehan
Reg. No.: 42,146

RE U.S. App. No.: 10/696,395, filed 10/29/2003

Applicant(s): Larry B. PEARSON et al.

Atty Dkt No.: 1033-MS1001

Title: SYSTEM AND METHOD FOR LOCAL VIDEO DISTRIBUTION

NO. OF PAGES (including Cover Sheet): 18

MESSAGE:

Attached please find:

- Request for Continued Examination Transmittal
(2 pgs, including duplicate copy)
- Fee Transmittal (2 pgs, including duplicate copy)
- Reply to Final Office Action (13 pgs)

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PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete If Known	
FEE TRANSMITTAL For FY 2005		Application Number	10/696,395
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	10/29/2003
TOTAL AMOUNT OF PAYMENT (\$)		First Named Inventor	Larry B. PEARSON
550.00		Examiner Name	BELIVEAU, Scott E.
		Art Unit	2614
		Attorney Docket No.	1033-MS1001

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-2469 Deposit Account Name: Toler, Larson & Abel, LLP				

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FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEESFee Description

	<u>Small Entity</u>
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50 25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200 100
Multiple dependent claims	360 180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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- 20 or HP =	7	x 50.00	= 350.00
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HP = highest number of total claims paid for, if greater than 20

Multiple Dependent Claims

<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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- 3 or HP =	1	x 200.00	= 200.00
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HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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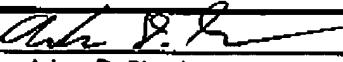
- 100 =	/ 50 =	(round up to a whole number) x	=	<u>Fee Paid (\$)</u>
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4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

Fee Paid (\$)**SUBMITTED BY**

Signature		Registration No. 42,146 (Attorney/Agent)	Telephone 512-327-5515
Name (Print/Type)	Adam D. Sheehan		
	Date		

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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